



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MOLECULAR SEQUENCE OF SWINE RETROVIRUS AND METHODS OF USE, the specification of which was filed on November 26, 2003 as Application Serial No. 10/723,552.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
09/661,858	September 14, 2000	Pending
08/766,528	December 13, 1996	Issued
08/572,645	December 14, 1995	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Louis Myers, Reg. No. 35,965

Leda Trivinos - Lagos, Reg. No. 50,635

Laurie Butler Lawrence, Reg. No. 46,593

Timothy French, Reg. No. 30,175

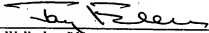
Direct all telephone calls to LAURIE BUTLER LAWRENCE at telephone number (617) 521-7814.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: JAY A. FISHMAN

Inventor's Signature: 

Date: 3/8/04

Residence Address:

Wellesley, MA

Citizenship:

United States

Post Office Address:

383 Linden Street
Wellesley, MA 02181